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ABSTRACT

This paper presents findings of a study that examined Mississippi public school superintendents' attitudes toward persons with Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV). A survey mailed to 153 Mississippi superintendents yielded 107 returns, a 70 percent rate. The instrument was called the "Superintendents' Attitudes Toward Persons with AIDS in Mississippi Public School Districts." The sample was predominantly comprised of white males. Overall, the superintendents showed a moderate attitude, neither negative or positive, toward persons with AIDS. Most (66 percent) had not participated in AIDS-education workshops, had not established AIDS-awareness programs in their school districts (over 80 percent), and had not encountered persons with AIDS or HIV in their school districts (98 percent). Gender, age, ethnicity, educational level, geographic location, and years of experience had no significant effect on the administrators' attitudes. It is recommended that school districts adopt an AIDS policy; develop initiatives that will motivate students to change risky behaviors; research and implement AIDS-education programs on a continuing basis; and require inservice training for school administrators. Fourteen tables are included. A copy of the questionnaire and study correspondence are included in the appendices. (Contains 29 references.) (LMI)

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ED 392 165

A Comparative Analysis of the Attitudes of Superintendents Toward Persons with AIDS in Mississippi's Public School Districts

by

Mark A. Colomb

A Dissertation

Submitted to the Graduate School
Jackson State University
In Partial Fulfillment of the Requirements
for the Degree of

Doctor of Philosophy

August, 1995

Major Subject: Educational Administration

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A Comparative Analysis of the Attitudes of
Superintendents Toward Persons with AIDS in Mississippi's Public
School Districts

A Dissertation
by
Mark A. Colomb

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August 1995

DEDICATION

This document is dedicated to my parents, M. Gerald and Gloria Colomb; my brother, Harold Lee Colomb; and other members of my dear family. Without their encouragement to pursue this academic endeavor, support both mentally and spiritually; and faith in me, and in God, none of this would have been possible.

To my family members who have failed in identifying their place in society, keep looking to God the Almighty; with him all things are possible to achieve and overcome.

Mark A. Colomb

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Mark A. Colomb
A Comparative Analysis of the Attitudes of
Superintendents Toward AIDS in Mississippi's Public
School Districts
Abstract
Educational Administration
Dr. Louise Jackson Jones
August, 1995

The purpose of the study was to analyze and compare superintendents' attitudes toward persons with AIDS (PWAs) in Mississippi's public school districts. These attitudes were measured against the variables of gender, age, ethnicity, level of education, geographic location of the school district and years of experience.

A total of 107 superintendents responded to a survey instrument entitled Superintendents' Attitudes Toward Persons with AIDS in Mississippi's Public School Districts. Part I of the survey requested demographic data and responses to the research questions included in the study. Part II consisted of thirty-three likert-type attitudinal items identified as School Professionals' Attitudes Toward AIDS (SPATA). There was a 70% return rate on the instrument. The Statistical Package for the Social Sciences (SPSS/PC) statistical program was used to analyze the data. Analysis of variance was used to determine if a significant difference existed between and within groups. The criteria for the rejection was set at the .05 level of significance.

Six null hypotheses and four research questions were posed and tested. In regard to the null hypotheses the major research findings revealed there was no significant

difference in the attitude of superintendents toward persons with AIDS in Mississippi public school districts relative to gender, age, ethnicity, educational level, geographic location of school district and years of experience as measured by the SPATA. All of the hypotheses were accepted. Superintendents generally had a moderate attitude toward PWAs as represented by a mean cumulative score of 77.2 for all respondents.

In relation to the research questions, 81% of the superintendents did not have AIDS education programs and 83.2% did not have AIDS policies in their districts. Moreover, 66.4% had not participated in professional workshops on AIDS and 98.1% had not encountered a person with AIDS in their school district.

CHAPTER I

Introduction

Infection with human immunodeficiency virus (HIV) is a public health crisis of frightening magnitude. An estimated 1 to 1.5 million persons are already infected with the virus, and by current estimates, approximately 40 % of them are expected to develop acquired immunodeficiency syndrome (AIDS) within the next eight years. Neither a cure nor a vaccine for HIV or AIDS exists, and none is anticipated in the near future. At present the most effective way to prevent transmission of HIV and consequently developing AIDS is through education. A primary goal of prevention efforts is to interrupt the transmission of HIV by motivating and educating people to change behaviors to reduce the risk of infection. Additionally, developing policies to offset crisis and discrimination is preventive in nature (Public Health Reports, 1988).

In Guidelines for Effective School Health Education to Prevent the Spread of AIDS (Centers for Disease Control {CDC}, 1988), the Public Health Service indicated the necessity for AIDS education programs and policies by noting the following:

> The Nation's public and private schools have the capacity and responsibility to help assure that young people understand the nature of the AIDS epidemic and the specific actions they can take to prevent HIV infection, especially during their adolescence and young adulthood. The specific scope and content of AIDS education in schools should be locally determined and should be consistent with

parental and community values.

> Because AIDS is a fatal disease and because educating young people about becoming infected through sexual contact can be controversial, school systems should obtain broad community participation to ensure that school health education policies and programs to prevent the spread of AIDS are locally determined and are consistent with community values. (p. 2)

Given these guidelines, many states recognized the importance of the AIDS epidemic. They strongly recommended inclusion of an AIDS education program and/or policy in local school districts and within school curricula (Reed, 1988).

Nyien (1989) noted that:

> In the midst of nationwide efforts to handle AIDS and AIDS-related issues through rational school policies and school-based educational programs, congruence or incongruence between institutional policies positions and attitudes of key implementers toward issues encompassed by a particular school policy was clearly of importance to the success or failure of the policy in question. Underlying the AIDS issue in the public school setting were the negative attitudes towards persons with AIDS (PWAs) which was prevalent in the society at large. Superintendents, who [sic] by virtue of their professional status and position, were educational executives responsible for the successful implementation of state mandated policies that embodied official and professional attitudes. These policies were designed to combat the epidemic of AIDS while at the same time protect the human rights and dignity of those

affected by the disease. (p. 3)

This study will attempt to assess the attitudes of school superintendents regarding persons with AIDS in the public school setting and to offer the Mississippi State Department of Education and other educational institutions overall policy implications relative to this issue.

Statement of the Problem

The research problem under investigation in this study is an indepth comparative analysis of the attitudes of superintendents toward persons with AIDS in the Mississippi public school districts as measured by the Superintendents' Attitudes Toward Persons with AIDS in Mississippi Public School Districts Instrument.

Purpose of the Study

The purpose of this study was to analyze and compare Mississippi public school superintendents' attitudes toward persons with AIDS as measured by the Superintendents' Attitudes Toward Persons with AIDS in Mississippi Public School Districts Instrument (see Appendix A). Superintendents' attitudes as a total group as well as within the specific demographic variables of gender, age, ethnicity, educational level, geographic location of school district and years of experience were measured by the School Professionals' Attitude Toward AIDS Instrument (SPATA), which is Part II of the Superintendents' Attitudes Toward Persons with AIDS in Mississippi Public School Districts Instrument. Furthermore the study compared the differences between categories of the demographic variables on the attitudinal differences between school districts. Additionally, the research sought to answer four questions. They were:

1. Have superintendents taken part in any professional workshops on AIDS?
2. Do school districts in Mississippi have established AIDS education programs?
3. Do school districts have an AIDS policy in effect?
4. Have superintendents encountered persons with HIV or AIDS related conditions in their respective districts?

Significance of the Study

This study was designed to assess the attitudes of superintendents toward persons with AIDS. It was substantive research which provided information on a scarcely probed area of inquiry in Mississippi. A pressing need to educate students, school personnel and administrators about AIDS in relation to attitude further emphasized the significance of this study. It is hoped that this research will provide a beginning for changing attitudes and developing AIDS education programs and policies. Studies of this nature are significant in educating the building-level administrators (principals) on current and projected issues that may affect schools. Likewise, research of this nature may be appropriate for school district administrators, health educators, school nurses, counselors, teachers, social workers and other school personnel for prevention, intervention, program and policy development.

Hypotheses

The following hypotheses were offered:

H_{01}: There will be no significant difference in the attitude of superintendents toward persons with AIDS in Mississippi's public school districts relative to gender as measured by the SPAIA.

H_{03}: There will be no significant difference in the attitude of superintendents toward persons with AIDS in Mississippi's public school districts relative to age as measured by the SPATA.

H_{03}: There will be no significant difference in the attitude of superintendents toward persons with AIDS in Mississippi's public school districts relative to ethnicity as measured by the SPATA.

H_{04}: There will be no significant difference in the attitude of superintendents toward persons with AIDS in Mississippi's public school districts relative to educational level as measured by the SPATA.

H_{05}: There will be no significant difference in the attitude of superintendents toward persons with AIDS in Mississippi's public school districts relative to geographic location of school district as measured by the SPATA.

H_{06}: There will be no significant difference in the attitude of superintendents toward persons with AIDS in Mississippi's public school districts relative to years of experience as measured by the SPATA.

Research Questions

The research questions this study sought to answer as measured by the Superintendents' Attitudes Toward Persons with AIDS in Mississippi Public School Districts Instrument were as follows:

1. Have superintendents taken part in any professional workshops on AIDS?
2. Do school districts in Mississippi have established AIDS education programs?
3. Do school districts have an AIDS policy in effect?

4. Have superintendents encountered persons with HIV or AIDS related conditions in their respective districts?

Design of the Study

Data for this study were collected using the Superintendents' Attitudes Toward Persons with AIDS in Mississippi Public School Districts Instrument which included the SPATA. The instrument was mailed to the superintendents on April 15, 1995. A cover letter explained the purpose of the survey and requested that the survey be returned by April 30, 1995 in the self-addressed stamped envelope enclosed with the instrument. A research consent form also accompanied the letter (see Appendix B). A second request was made to non-respondents three weeks after the first request (see Appendix C). The researcher applied to the Jackson State University Institutional Review Board for the Protection of Human Subjects in Research to utilize human subjects for obtaining the data necessary to conduct this study. The application was approved.

Statistical Analysis

Data analysis involved the use of descriptive statistics. Data were analyzed using SPSS/PC+ (Norusis, 1991). SPSS/PC+ determined Spearman-Brown reliability coefficients and Cronbach's alpha (Cronbach, 1951). Information from the Superintendents' Attitudes Toward Persons with AIDS in Mississippi Public School Districts Instrument was coded for input into the various procedures of SPSS/PC+. Reliability coefficients were used to compare the pilot sample to the actual sample. The researcher also described the demographic characteristics (gender, age, ethnicity,

educational level, location of school district, and years of experience) of the sample in tabular form using frequencies and percentages.

The statistical method employed in the data analysis was one-way analysis of variance (ANOVA). One-way ANOVA was used to determine if means differed within subgroups of the population. One-way ANOVA was utilized to specifically test the hypotheses posed to determine if there was a difference in attitude toward persons with AIDS within the population based on the demographic variables of gender, age, ethnic group, educational level, geographic area of school district and years of experience. In interpreting the ANOVA the .05 level of confidence was used to reject the null hypotheses posed.

Delimitations

This population consisted of all Mississippi public school superintendents. Since only superintendents from the state of Mississippi were used in the study, the study was limited in generalizability of any findings that might be the result of particular district characteristics. In addition, the measurement of attitude toward persons with AIDS was delimited to the responses on the School Professionals' Attitudes Toward AIDS Instrument (SPATA).

Limitations

The limitations of the study were as follows:

1. The size of N was determined by the number of respondents.
2. Attitudes toward persons with AIDS pertained only to those school district related issues covered by items in the instrument.

3. Attitudes toward AIDS in the public school setting may have been due to factors not considered in the study.

Assumptions

It was assumed that:

1. Superintendents gave honest and candid responses.
2. All superintendents had definite opinions about persons with AIDS in the public school setting.

Definition of Terms

Acquired Immunodeficiency Syndrome (AIDS)-- A condition characterized by the breakdown of one's immune system causing an inability to fight off diseases and infections. AIDS is a result of becoming infected with the human immunodeficiency virus (HIV) (Centers for Disease Control, 1989).

Age-- Age is defined as a human beings' time of birth to the current time. For the purposes of this study, age is defined by the following self-reported categories as outlined on the SPATA: 40 years of age and less, 41 to 45 years, 46 to 55 years, 56 to 60 years and 60 years and over.

Attitude -- A relatively enduring organization of beliefs predisposing one toward some preferential response (Ross & Mico, 1980). For the purposes of this study, attitude was measured based upon the scores respondents received on the SPATA. A cumulative score of 30-75 represented a negative attitude, 76-121 represented a moderate attitude and 121-165 represented a positive attitude.

Educational level-- For the purposes of this study, educational level refers to the type

of degree held by the respondent. Respondents indicated their degree from the following categories: bachelors, masters, specialist, doctorate and other.

Ethnicity-- Ethnicity is defined as a category of people whose biologically based physical characteristics are believed to make them socially distinct (Applebaum and Chambliss, 1995). For the purpose of this study, the respondents indicated ethnicity as white, African American or other.

Gender-- Gender is the behavioral differences between males and females that are culturally based and socially learned (Applebaum & Chambliss, 1995). For the purpose of this study, the respondents indicated their gender as male or female.

Geographic location of school district-- Refers to the location within the state of Mississippi where the school district is located. For the purposes of this study, respondents self-identified their location utilizing the following categories: east, central, north, delta, south/southwest and gulf coast.

HIV-- Human Immunodeficiency Virus (HIV) is the virus that causes AIDS (Centers for Disease Control, 1989).

Mississippi public school districts-- Refers to all public schools within 153 different zones as recognized by the Mississippi Department of Education.

Person with AIDS-- A person who has been infected with HIV and has developed a group of symptoms and infections commonly know as AIDS (Colomb, 1992).

SPATA-- An acronym for School Professionals' Attitude Toward AIDS. It is a research instrument consisting of 33 likert-type items utilized to assess a person's attitude toward AIDS in the public school setting (Nyein, 1989).

Superintendent-- The most visible position in school administration and referred to as the chief school district administrator (Kowalski & Reitzug, 1993).

Years of Experience-- Years of experience, for the purpose of this study, refers to the actual number of years a respondent has been employed as a superintendent in a school district. Years of experience was analyzed using the following categories: 1-5 years, 6-10 years, 11-15 years, 16-20 years, and 21 or more years of experience.

Organization of the Study

This study consists of five chapters. Chapter I includes the introduction, statement of the problem, the purpose of the study, the importance of the study, the hypothesis, research questions, the methodology, the limitations of the study, the delimitations of the study, definition of terms and the organization of the study. Chapter II addresses the literature review related to the history and overview of AIDS, PWAs in the workplace, AIDS related issues in schools, the superintendent's attitude toward AIDS, and the superintendent's implementation of policies on AIDS. Chapter III reviews the procedures that were used in conducting the study and includes a discussion of the population, data collection procedures, instrumentation, and statistical analyses. Chapter IV consists of the data analysis and discussion of pertinent findings. Chapter V includes the summary, conclusions and recommendations for further study.

CHAPTER II

Review of Related Literature

The review of related literature will focus on several areas. They are: (1) History and Overview of AIDS, (2) PWAs in the Workplace, (3) AIDS Related Issues in Schools, (4) Attitudes Toward Persons with AIDS, and (5) Superintendents' Implementation of Policies on AIDS.

In a short period of time since it first came to public attention, the AIDS epidemic had engendered a prolific number of related studies. However, the main focus of AIDS related research had been understandably on the biomedical aspects, where the urgency for better treatment or cure for the disease was evidently felt worldwide. There was also a significant amount of AIDS research conducted in the various social sciences.

In recent years a number of studies that explored the AIDS related attitudes of various target groups have been generated. Studies conducted among school administrators are noticeably scarce. Thus, this study provides additional research that is vitally needed in the field of education.

History and Overview of AIDS

AIDS, acquired immune deficiency syndrome, refers to a lethal transmittable disease that was unheard of a decade ago. Twenty-six patients with Kaposi's sarcoma and 15 patients with pnuemosystis carinii pneumonia were identified in the first

inconspicuous reports which were published in the Centers for Disease Control (CDC) Morbidity and Mortality Weekly Reports (MMWR) in June and July 1981. Within six weeks, 70 additional cases were identified and reported, always occurring in previously healthy young homosexual males. This disease was initially diagnosed on both the east and the west coasts with death occurring within one year of diagnosis (Shilts, 1987).

In the intervening years, much has been learned about this disease and the response of the public to this threat. Higher incidence of opportunistic diseases such as persistent oral thrush, severe tuberculosis, septicemia and neurological disorders have come to be associated with AIDS. Researchers agree that Americans have been infected since before 1978. Most certainly, AIDS is considered to be a worldwide phenomenon with overwhelming economic, medical, moral, social and educational implications (American Hospital Association, 1986).

Acknowledgement and research on AIDS was practically non-existent during the first years after its discovery, probably due to its link with unpopular groups. Cases involving homosexuals and intravenous drug users were recognized at an alarming rate. Also, cases among Haitians of both sexes, hemophiliacs and infants were reported, causing the CDC to replace the term GRID (Gay Related Immune Deficiency) in 1982. The CDC chose the term "Acquired Immunodeficiency Syndrome" to describe this disease, because its victims were previously healthy and immunologically normal. The CDC also requested that all new cases be reported, as AIDS appeared to be not only deadly but transmissible as well (American Hospital

Association, 1986; Shilts, 1987).

By 1983, evidence had mounted that AIDS could be transmitted heterosexually and through the nation's blood supply; this knowledge led to increased research funding. By 1984 the virus that causes AIDS had been identified and termed Human Immunodeficiency Virus (HIV). The following spring a test had been devised to screen donated blood products for HIV. These developments led to a categorization of those infected with the virus. The HIV positive group constitutes the first category and can be described as those individuals who test positive for HIV but demonstrate no symptoms. These individuals may be capable of spreading the virus even though they may never progress further in the disease. Because of the lack of long term data, experts do not know how many of the asymptomatic individuals will develop further complications (Osburn, 1986).

The second category of people who test positive for HIV are those who exhibit symptoms of AIDS. Symptoms such as night sweats, fever, fatigue, weight and appetite loss, swollen lymph glands are common but no opportunistic disease is present. Individuals who become infected with opportunistic infections associated with AIDS have passed from the second category to the third, lethal category. These individuals are referred to as having AIDS, or more simply persons with AIDS (PWAs)(Jackson & Goldman, 1986).

The rapid increase in the number of PWAs has been astounding. In February, 1983, the first 1,000 cases were reported to the CDC. Five months later (July, 1983), another 1,000 patients had been diagnosed. By December of that year, 3,000 cases of

AIDS had been reported (Johnson, 1987). In the spring of 1988, the CDC reported 58,270 cases of AIDS, with 32,00 resultant deaths in the United States. One year later, March, 1989, almost 91,000 cases had been identified, and 52,435 individuals had died from this epidemic. According to CDC statistics published in June 1994, there has been 401,749 cases of AIDS identified in the U.S. and 243,423 known deaths (CDC, 1989).

As of March 1995, Mississippi claimed 2,006 cases of AIDS and 1,195 deaths. These statistics indicate that AIDS attacks the young adult male. Twenty percent of the cases reported in Mississippi occurred in the 25-29 year old age range. Eighty-six percent of the cases were male. Approximately 53% were African-American. The majority of the cases (55% in Mississippi and 53% nationally) continue to be diagnosed among homosexual men (Mississippi Morbidity Report, 1995).

These statistics give a false implication that risk to heterosexuals is low. At the present time, AIDS has spread extensively to the heterosexual population. According to March 1994 statistics a published by the Mississippi State Department of Health, 7%of all cases reported were among heterosexuals. Mississippi exceeds the nation's total with 12% of its cases among heterosexuals (Mississippi Morbidity Report, 1995).

Acquired immune deficiency syndrome (AIDS) is not a disease that kills. AIDS is the last stage of an infection caused by a virus. The infection is known as Human Immunodeficiency Virus (HIV) or sometimes referred to as the AIDS virus. HIV infection breaks down a person's immune system making the individual more susceptible to common diseases or infections. Unlike a person with AIDS, a healthy

person could overcome the disease or infections by the formation of antibodies. These diseases or infections (opportunistic infections), including rare forms of pneumonia, tuberculosis, and cancer, are the actual causes of death in persons with AIDS (Collins & Britton, 1990). Several infections that accompany AIDS generally damage the patient's nervous system with subsequent loss of control.

Although people with HIV infection look and feel healthy, persons with AIDS usually develop symptoms five to ten years after being infected with HIV. Common symptoms of HIV include swollen lymph glands, recurrent fever spikes, unwarranted rapid weight loss, constant fatigue, diarrhea, and white spots/blemishes in the mouth (National Academy of Sciences, 1988).

The modes of transmission for the AIDS virus are through body fluids, particularly blood, semen, vaginal fluids and breast milk. This can occur during sexual contact, through sharing needles and syringes, or from an infected mother to her unborn child. Certain high risk groups have been identified. These include homosexual and bisexual men, injectable drug users who share needles, and anyone who has sexual intercourse with someone in the aforementioned high risk groups (United States Department of Health and Human Services (U.S. DHHS), 1986).

It has been predicted that in the next few years one of the leading causes of premature death will be AIDS. The National Cancer Institute estimates that two of every ten people carrying the HIV antibody will develop a full-blown cases of AIDS (Public Health Reports, 1988). The mortality rate for reported cases at this time is 61% for the nation and 60% for Mississippi (Mississippi Morbidity Reports, 1995).

According to Colomb (1992) prevention of transmission is simple; however, it can only be accomplished with the dissemination of accurate information and open communication. To avoid exposure to HIV, individuals must avoid needle sharing with others, avoid sex with people in high risk groups, and avoid the exchange of body fluids during sex by using condoms.

Scientists from the United States, as well as the rest of the world, are tirelessly working to find a vaccine to fight the AIDS virus. This has proven to be a more formidable challenge than most scientists first realized. The most difficult aspect has been that the virus mutates rapidly and survives despite many immune responses that would normally rid the body of an invading virus. Even though finding a vaccine is a difficult challenge, scientists have continued to conduct research. Increasing public pressure and the realization of the recognition and scholarly advancement that would accompany the discovery of a vaccine, as well as the tremendous impact on humanity, have proven to be incentives to the scientific community (CDC, 1989).

Since AIDS is caused by a virus (HIV), it does not respond to treatment with antibiotics as a disease caused by a bacteria does. Generally, treatment for a virus focuses on alleviating the symptoms instead of curing the problem. Vaccines are composed of other viruses that have been weakened to fight the virus without causing the disease (National Academy of Sciences, 1988).

Researchers predict a combination of drugs will be needed to fight AIDS-- one to fight the virus and another to restore the immune system. The first drug to fight AIDS was Azidothymidien (AZT). AZT has been effective in boosting the failing

immune system in AIDS patients with a minimum of side effects. Other drugs such as AL 721 and Imerg I are being tested experimentally and clinically (CDC, 1989). While new developments are being made every day, a cure for the AIDS virus does not seem to be in the immediate future. Thus the best method of preventing the spread of AIDS is through education (Popham, 1993).

PWAs in the Workplace

AIDS in the workplace presents both challenges and opportunities. Concern is increasing as employers and employees face the grave realization of the impact of AIDS. Reasoned consideration of the issues is essential to alleviate anxiety and to encourage creative, humane responses top this complex and tragic disease.

Probably the most critical task a supervisor will face will be to work supportively with an employee who has identified him/herself as having AIDS. Additional issues which don't have existing protocols may arise. For instance, as a manager or co-worker, what would a person think when one learns that a co-worker has AIDS? For many managers or co-workers the reaction is an almost immediate involuntary physical withdrawal form the person just when that person most needs to receive comfort and genuine support. It is incumbent upon everyone to become educated about the facts of transmission of this disease, to know we cannot contract it through casual contact and to act accordingly. The humane response calls for eye contact, a personal statement about how this news may affect you and a statement or question asking how the person feels, followed by an offer of support. Think your response through now, before you need to. Be prepared to offer a sensitive response

and set a tone for the workplace. Through their dialogue, the employee and the supervisor may decide to inform the co-worker of the employee's health condition. There are several ways to do this.

According to John Golenski, (1988), an ethicist on AIDS:

> If this is the first time a work group has had experience with an HIV-infected co-worker, it may be best for the supervisor, with the employee's consent, to make the disclosure first. This process will allow for a period of adaption and questioning to occur before the employee and his or her co-workers must spend work time together. Certainly, with the first affected worker within a given work group, there will be a predictable panic response. Even with indepth informational contact, most workers will require an initial adaption period. The skill of the group manager at that point is crucial. The manager's response can dampen and prevent further panic or exacerbate it. The importance of the manager's own comfort level with the issues cannot be over-emphasized, and all managers must be guided toward the fullest understanding and acceptance, trained as leaders in awareness and empathic response. (p.44)

Regardless of Centers for Disease Control and Public Health Service pronouncements, it is predictable that workers will raise issues of personal safety. It would be very helpful to bring in a co-worker of a person with AIDS from another organization who has faced this same issue. Managers can meet ahead of time with such a speaker and can discuss concerns as well as strategies to address specific issues

with which the work group may be grappling. Thus, you will have a speaker who is informed and prepared to speak specifically to the work unit's concerns.

A related safety concern involves spouses and families of co-workers. Members of some work groups in which co-workers have overcome their own initial panic and worry have experienced serious and continued pressure from spouses and family members to transfer or resign. Prepare for such eventuality and schedule, if necessary, an education response session with co-worker families. For those organizations with Employee Assistance Programs, it may be sufficient to call one of the counseling staff for assistance.

An infected worker may request that his or her supervisor not reveal the situation to co-workers. The supervisors should honor this request as much as possible. While higher management or the organization's HIV coordinator may be informed of the worker's health status, this should be done only on a "need to know" basis. The employer may need to provide reasonable accommodation to the employee, depending upon the job duties and the worker's overall health.

It is also important for discussion to occur with the employee about possible rumors that could start and to determine if the employee has already told co-workers. It may be inevitable that co-workers learn of the affected worker's condition if he or she continues to work and takes frequent medical leaves.

The initial decision to disclose health-status condition remains that of the affected employee. For many people HIV disease is so burdened with emotional "baggage" that it becomes impossible for them to talk openly about their health

concerns for fear of stigma or discrimination. This is a genuinely difficult paradox to resolve: for many, openness about AIDS is not beneficial.

An affected employee often faces issues so devastating he or she feels that his or her life is out of control. Any perceived manipulation can trigger defensive actions which compound the already problematic process of establishing workplace equilibrium and support. Calm manners and reassuring words are two of the most useful resources a supervisor can use.

If prior education has taken place, it will be easier to muster the emotional support that the affected worker will require at the end-stage of the disease. Because AIDS is considered a handicapping condition, if an employee wants to work and a physician determines that he or she is able to work, and only if minor accommodation is required to do the work, the pertinent laws require the employer to allow him or her to continue working. It is very important that the employer be sensitive to the fact that continued employment for an employee with a life-threatening illness may be therapeutically important and may help prolong and enhance the employee's life.

The trauma of discrimination ranging from differential treatment, isolation or even discharge from employment, and the fear of losing one's identity as a productive worker and one's medical benefits and income, will not help an affected employee to stabilize his or her medical condition. When an employee receives a diagnosis of AIDS, the compassionate response of the employer may well be a significant help in fighting the illness. Certainly, a decision to place the employee on medical leave against the employee's will and contrary to the recommendations of a primary

physician should not be taken lightly. Reorganization and lightening of the employee's work schedule may provide the best solution for both the employee and the employer. The important thing is that the necessary decision-making be carried out in an atmosphere of calm, rational, consideration of all the factors, worth the participation of the affected employee and the employee's primary physician.

AIDS Related Issues in Schools

Since the best method of preventing the spread of AIDS is through education, education should begin early in elementary school and at home. This allows children to learn what behaviors to avoid in order to protect themselves from exposure to HIV. Schools should therefore take a leadership role in teaching students and developing policies regarding AIDS. Kowalski and Reitzug (1994) further emphasize how schools should take leadership roles in issues such as AIDS education in the following statement:

> In many cases, responsibilities of schools have been expanded beyond educational functions to encompass functions such as health care, nutrition, counseling, day care, and other functions that formerly were the responsibility of the family or the church. On the social front, increased rates for teenage pregnancy, venereal diseases, and the spread of AIDS have resulted in mandated sex education programs. (p. 183)

The number of school-age children with AIDS continues to increase. As of June 1994, 7,502 children and adolescents had been diagnosed with AIDS (Mississippi Morbidity Report, 1995). Since many of these young people are presently in school or probably will be in the near future, an estimated one in three teachers will instruct a

child with AIDS in the next five years (Kerr, 1991). The number of people suffering from AIDS is on a relentless upward spiral, which means the schools are likely to encounter children whose lives have been directly or indirectly affected by AIDS (Miller & Becker-Dunn, 1993).

Every school district, college, and university should establish guidelines for dealing with problems presented by students and employees who have AIDS or who are carriers of the disease. New York City school officials permitted a second grade students to attend which resulted in a lawsuit and a school boycott involving 18,000 students. An Indiana student was refused permission to attend school. The school system offered to provide a separate but equal education. The Indiana State Supreme Court ruled in favor of the school system. In Fairfax County, Maryland school officials ruled that neither students nor teachers infected with the virus would be allowed to attend schools in their system. The National Education Association (NEA) recommends that children with AIDS be admitted or denied admittance on a case-by-case basis. The NEA further supports the right of school systems to screen teachers and students on a reasonable cause basis (Price, 1986).

In response to the AIDS related issues in the public school setting, recommendations made by the Presidential Commission on the Human Immunodeficiency Virus Epidemic, the National Education Association Board of Directors established Recommended Guidelines for Dealing with AIDS in Schools, which were first adopted on October 4, 1985, and revised June 30, 1986 (Crowell, 1989).

The recommended guidelines were subject to periodic revision. The preamble of the NEA guidelines called upon every school district, college and university to establish guidelines for dealing with problems presented by students and school employees who could transmit Acquired Immunodeficiency Syndrome (AIDS) to other students or school employees. The NEA guidelines addressed problems related to "infected students," "infected employees" and "infected individuals" (Price, 1986).

The problem areas defined by the NEA covered discrimination in school attendance and employment policy, confidentiality, mandatory testing for AIDS, safety and AIDS education programs. NEA recommended that only infected students who were neurologically handicapped or infected students who displayed behavior deemed likely for the infection to be transmitted to non-infected students should be disallowed from attending school. Other infected students should be considered on a case-by-case basis with ruling made by a team of evaluators comprised of health professionals and appropriate school personnel such as the student's primary teacher, parents or guardians. The guidelines were generally aimed against discriminatory and/or coercive actions such as barring students from attending school, dismissal of personnel, or mandatory testing for AIDS, and geared toward better preparedness on the part of the schools and school personnel to handle AIDS related problem situations in schools (Crowell, 1989).

Officials from CDC recommend that most children with AIDS be allowed to attend school. Attendance is not recommended at day care centers. Any oral behavior such as biting and the lack of control over body secretions could mean

an increased risk of transmission in day care centers (Majer, 1992).

School-aged students should be allowed to attend school if they are content and have no open wounds. Acceptable behavior is also one of the concerns. Students with AIDS are highly susceptible to infections from other children; however, they should be excused from compulsory vaccinations because of their impaired immune systems. They should be examined by a physician before returning to school after an illness. Children with AIDS should not be identified to the general school population (faculty, student body and staff) to protect their right to confidentiality (Crowell, 1989).

School counselors should be trained to help students adjust to their illness. They may help adolescents who may have acquired AIDS through sexual contact cope with their fear of exposure or guilt. Fear of abandonment is also a major problem for adolescents with AIDS along with other symptoms such as depression, insomnia, despair, anger. Personality changes may add to the already high rate of suicide among adolescents. Providing educational experiences as near normal as possible along with counseling may help students with AIDS handle their social and health problem better (Majer, 1992).

The issues related to AIDS in each school system are complex. School districts have divided into three positions on the issue of AIDS. The first position believes that technically, AIDS is not a communicable disease; therefore, students have a right to be in school. A second position argues that AIDS is communicable and that school officials have the right to protect the school environment from the disease. The third position limits its discussion to personnel issues related to school employees who

acquire the virus. These positions not only introduce the attitude of many school officials but are a strategic means of enacting policy to divert adverse reaction to a volatile problem (Popham, 1993).

The time has arrived for some tough decisions on the part of those administrators and board members who operate and set policy direction for schools. These decisions can make the learning environment and the climate in schools more conducive to persons with AIDS. In an article by James Popham (1993), the references to making decisions regarding AIDS are articulated:

> Our school leaders must choose from at least three major options for AIDS education. One alternative is to regard the HIV epidemic as a problem to be addressed by some other entity, such as the family or local health departments. This would allow school officials to disregard AIDS education all together. A second option is for school administrators to accept some responsibility for addressing the HIV epidemic but, as is currently the practice, to devote modest energy and resources to AIDS education. This approach, although it may permit education leaders to delude themselves with the belief that they are protecting students, is little more than a pretense. A third choice is to undertake an intensive educational effort that has a chance of influencing the sex-related behaviors that place young people at risk of becoming infected with HIV. (p. 561).

Superintendents' Attitudes Toward AIDS

Related literature on AIDS to date is very limited. Katherine Keough and

George Seaton (1988) have conducted a study on "Superintendents' Views on AIDS: A National Survey" which focused on attitudes toward PWAs that utilized school administrators as a study population. This nationwide study included one hundred superintendents from among 500 men and women identified by Executive Educator, a publication of the National School Boards Association (1987). The superintendents in the study revealed concurrence on broad policy issues:

1. All education about AIDS should be a part of the regular curriculum.
2. School districts should have a policy on dealing with teachers and students who have AIDS.
3. Schools and outside health agencies should coordinate efforts in order to better meet the need of students who had AIDS.
4. Ninety-eight of the superintendents said that schools should help students who are seeking information about AIDS testing.

There were differences of opinion on more specific and thorny issues. According to the report (Keough and Seaton, 1988), the majority of the nation's superintendents believed that:

1. Individuals with AIDS should not be protected by federal anti-discrimination laws which currently provide protection against discrimination based on race or age.
2. School policies should not treat AIDS differently from other communicable diseases.

3. Students with AIDS should be excluded from participation in contact sports.

4. Mandatory testing for AIDS should not be carried out either among students or employees in their school districts.

5. Should they have access to the results of tests, it should be limited to the superintendent and personnel officer in the case of employees, and to the superintendent, personnel officer and health officer with respect to that of a student.

6. AIDS curriculum in schools should address the moral issues and values related to AIDS.

7. AIDS as an issue generally rated third or fourth among fourteen troublesome issues.

The findings in this study indicated that six years after the first documented appearance of AIDS, district level education professionals and administrators were not yet well equipped to deal with AIDS related issues in school settings (Keough and Seaton, 1988).

Superintendents' Implementation of Policies on AIDS

The role of school district superintendency was one that had been studied more in breadth than in depth in the field of educational administration. In his study of the puzzling administrative role of the local school district superintendency, Crowson (1987) observed that while the managerial behavior of the district level school official is not too well understood, the school superintendent ultimately was responsible for

"translation of policy into action"(p.50). Other scholars such as Cuban (1984) described the superintendent as the prime person in each school district in developing a sense of mission, establishing a positive climate, and overseeing the implementation of the mission (e.g., placing like-minded personnel in key positions).

Educational policy studies pertaining to reaction of schools to mandated programs such as Title I programs indicated and convinced policy makers that neither funding nor mandates could be substituted for the involvement of local educators in interpreting, adapting, and incorporating programs that they understood and believed in (Mitchell, 1988). These unfunded mandates may be a primary cause of superintendents not formulating policy on AIDS.

In the area of implementing AIDS policy, the immediate and more volatile concern for schools across the United States was the handling of public hysteria and negative overreaction to the presence of PWAs in the classroom. According to Reed (1988) in her article on "Children with AIDS: How Schools Are Handling the Crisis," superintendent's role and leadership emerged to be crucial in determining whether a PWAs related crisis was resolved quietly or turned into a hysterical and often violent public uproar. Veteran superintendents noted that for their leadership and successful handling of PWAs related cases, keeping the identity and age of the student/students involved confidential, keeping timely and open communication with the media and the public at large, and having compassion for the PWAs involved were the important ingredients for their success.

In some communities, school officials had placed the onus of responsibility on

the courts rather than dealing with the politically dangerous problem on their own. According to federal rulings, children with AIDS were handicapped students entitled to equal access to education, yet irrational fear had led some schools to contravene the rulings. In New Haven, the superintendent of the school that barred HIV-infected children from the classroom argued that AIDS was a communicable disease and claimed that he was worried about the transmission of the disease (Reed, 1988).

Numerous articles and commentaries pertaining to school AIDS policy and school-based AIDS education noted the leadership and commitment of school superintendents and administrators as important elements for the success of school AIDS policies and school-based AIDS education programs. The existing literature revealed few studies related to the examination of the administrative milieu in which the controversial policies and education programs were to take place (Reed, 1988).

A study on AIDS policy development in schools was conducted in 1990 by J. Strouse. The results revealed that:.

> Of 206 districts responding to the survey, 57% of school boards had not even discussed the admission/retention of an AIDS-infected student, and 67% of school boards had not developed written policies for dealing with this situation. In all, 77% of the school boards had not discussed the retention of AIDS-infected personnel, and 83% of the school boards had not developed written policies. (p. 81).

School district policies for dealing with AIDS infection in students and school personnel benefit not only the victims of AIDS, but the entire community (Strouse,

1990). Therefore, policy enacted by superintendents protects not only the school but also the students, faculty and staff.

CHAPTER III

Methodology and Procedures

The research methodology employed in this study was descriptive in nature and tested six hypotheses and four research questions related to superintendents' attitudes toward AIDS in Mississippi's public school districts. Data were obtained through the distribution of a questionnaire mailed to subjects. The population for this study consisted of all superintendents in Mississippi's public school districts. All responses were anonymous and subjects had the option of returning the completed questionnaire via postal service using the self-addressed stamped envelope provided.

Hypotheses Tested

The following hypotheses were tested in the research:

H_{01}: There will be no significant difference in the attitude of superintendents toward persons with AIDS in Mississippi's public school districts relative to gender as measured by the SPATA.

H_{02}: There will be no significant difference in the attitude of superintendents toward persons with AIDS in Mississippi's public school districts relative to age as measured by the SPATA.

H_{03}: There will be no significant difference in the attitude of superintendents toward persons with AIDS in Mississippi's public school districts relative to ethnicity as measured by the SPATA.

H_{05}: There will be no significant difference in the attitude of superintendents toward persons with AIDS in Mississippi's public school districts relative to educational level as measured by the SPATA.

H_{06}: There will be no significant difference in the attitude of superintendents toward persons with AIDS in Mississippi's public school districts relative to geographic location of school district as measured by the SPATA.

H_{06}: There will be no significant difference in the attitude of superintendents toward persons with AIDS in Mississippi's public school districts relative to years of experience as measured by the SPATA.

Research Questions

The research questions this study sought to answer were as follows:

1. Have superintendents taken part in any professional workshops on AIDS?
2. Do school districts in Mississippi have established AIDS education programs?
3. Do school districts have an AIDS policy in effect?
4. Have superintendents encountered persons with HIV or AIDS related conditions in their respective districts?

Population

The population for this study consisted of 153 superintendents in the Mississippi public school districts. The names of superintendents were obtained from the Mississippi State Department of Education Management Information Systems Bureau. A current and updated list of superintendents in Mississippi was obtained by the researcher from the Mississippi State Department of Education's Management

Information Systems Bureau at the appropriate time the questionnaire was disseminated.

Instrumentation

The researcher conducted an extensive review of literature related to school personnel and AIDS. The review yielded an instrument that would assist the researcher in measuring the superintendents' attitude toward persons with AIDS in the public school setting. The instrument identified was developed by James Nuetens and Tun Kyaw Nyein of the University of Tennessee. Nuetens served as major professor for Nyein during his matriculation at the University of Tennessee. Dr. Nyein (1989) utilized the instrument they developed for his doctoral dissertation "Tennessee Superintendents' Attitude Toward Persons with AIDS in the Public School Setting." The instrument utilized in Nyein's study consisted of thirty-three likert type items. Each item had five categories of responses that ranged from strongly agree to agree, don't know, and disagree to strongly agree. The instrument Nyein utilized was entitled the School Professionals' Attitudes Toward AIDS Instrument (SPATA).

A letter requesting permission to utilize the SPATA for the purposes of this research endeavor was forwarded to Dr. Tun Kyaw Nyein (see Appendix D). A response from Dr. Nyein was received giving the researcher permission to utilize the SPATA (see Appendix D).

The researcher reconfigured the series of questions utilized by Nyein (1989) in the research questionnaire utilized in the study. The questionnaire elicited superintendents' gender, age, ethnicity, educational level, geographic location of school

district, years of experience and the status of AIDS policy and program development and implementation. The demographic questionnaire was Part I of the study instrument and the SPATA was Part II of the study instrument (see Appendix A).

Data Collection

Data for this study were collected using the research questionnaire and the SPATA instrument. The instrument was mailed to the superintendents on April 15, 1995. A cover letter (see Appendix B) explained the purpose of the survey and requested that the survey be returned by April 30, 1995 in the self-addressed, stamped envelope enclosed with the instrument. A research consent form accompanied the letter (see Appendix B). A second request was made to non-respondents three weeks after the first request (see Appendix C). The instrument was mailed to 153 superintendents in Mississippi's public school districts. There was a total of 107 superintendents who chose to respond to the survey instrument. The initial return rate was 46.5 %. A follow-up letter and another questionnaire was mailed three weeks later which resulted in a return rate of 23.5 %. Thus, the total return rate was 70 %.

A pilot test was conducted among a population of 40 college professors of education and or doctoral students in educational administration. This population was chosen as pilot because of their knowledge relative to the functions and duties of superintendents in addition to work experiences similar to that of superintendents. This pilot sample was used to determine the reliability and validity of the instrument. Respondents in the pilot sample were anonymous and voluntary. Utilizing the Statistical Package for the Social Sciences (SPSS), Likert's criterion of internal

consistency was performed to determine which items appeared to differentiate respondents along an attitude continuum. The researcher used SPSS to determine Spearman-Brown reliability coefficients and Cronbach's alpha. Scales were created for attitudinal items. Reliabilities for these scales were determined using Cronbach's alpha. Alpha assumed that the questions used were good indicators of the unobserved latent construct. Spearman-Brown correlation coefficients were .86 and .89 and Cronbach's alpha values were .88 and .91 respectively for the pilot and study populations.

Response categories for the SPATA ranged from strongly agree to agree, don't know, and disagree to strongly agree and were represented by the values of 1,2,3,4, and 5 respectively. Coding for these categories was dependent upon the negativity or positivity of the specific item. The total possible score for the SPATA ranged from a minimum of 30 to a maximum of 165. Those respondents who remained neutral on all items could receive a score of 99. A cumulative score of 30-75 represented a negative attitude, 76-121 represented a moderate attitude and 121-165 represented a positive attitude.

CHAPTER IV

Presentation and Analyses of Data

Introduction

This chapter analyzes and compares Mississippi's public school superintendents' attitudes toward persons with AIDS. Data for this study were collected from 107 of 153 superintendents who serve operational school districts. The study compared the attitudes of superintendents toward persons with AIDS in Mississippi public school districts relative to gender, age, ethnic group, level of education, location of school district and years of experience.

Statistical analysis computation was done by computer using SPSS/PC statistical program by Norusis (1991). The .05 level of confidence was used for rejecting the null hypotheses.

The instrument was mailed to 153 superintendents in Mississippi's public school districts. There was a total of 107 superintendents who chose to respond to the survey instrument. The initial return rate was 46.5 %. A follow-up letters and another set of questionnaires were mailed three weeks later (see Appendix B), a return rate of 23.5 % was received. Thus, the total return rate was 70 %. Survey return rates are shown in Table 1.

Instrument Reliability

A differentiation between the pilot and study populations is shown in Table 2.

Reliability was determined since the researcher was cognizant that the instrument may

Table 1
Survey Return Rates for Superintendents in Mississippi Public School Districts

	Frequency	Percent
Total Population	153	100
Initial Return	71	46.5
Follow-up Return	36	23.5
Total Return	107	70

raise questions of the generalizability of the instrument reliability across populations. To address this issue, reliability coefficients with respect to the study population were determined and found to be consistent. Spearman-Brown correlation coefficients were .86 and .89 and Cronbach's alpha values were .88 and .91 respectively for the two different sets of populations.

Demographic Description of Respondents

A total of 153 questionnaires were mailed to superintendents of all public school districts in Mississippi and 107 were returned and analyzed. The demographics for the superintendents are shown in Table 3.

There were 5.8% female and 94.2% male respondents. Respondents ranged in age from 33 to 67 years old with a median age of 51.8. There were 80% white and 25% African-American respondents. Thirty-seven percent of the respondents had doctoral degrees, 20.6% had specialist degrees and 42.0% had masters degrees. Geographically, 17.7% of the respondents were superintendents in east Mississippi, 24.3% in central, 28% in north, 14.2% in the delta, 9.3% in the

Table 2

Reliability Coefficients Comparing the Pilot and Study Populations

Population	Spearman-Brown	Cronbach alpha
Pilot Test N=40	.86	.88
Study Population N=107	.89	.91

south/southwest part of Mississippi, and 6.5% in the gulf coast region of Mississippi. Years of experience ranged from 1 to 14 years with 65.4% having 1-5 years of experience, 22.4% having 6-10 years of experience, and 12.2% having 11-15 years of experience.

Analysis of Data

The following discussion will address the six hypotheses in sequential order. The 0.05 level of confidence was used for rejecting the null hypotheses. One-way ANOVA was used to test the hypotheses.

H_{01} stated there will be no significant difference in the attitude of superintendents toward persons with AIDS in Mississippi public school districts relative to gender as measured by the SPATA. There was no significant difference when comparing the attitude of superintendents by gender ($F(1, 105) = .00$, $p > .05$). The null hypothesis was accepted. (see Table 4).

H_{02} stated there will be no significant difference in the attitude of superintendents toward persons with AIDS in Mississippi public school districts

relative to age as

Table 3

Demographic Characteristics of Respondents

	Frequency	Percent (%)
Gender		
Female	6	05.8
Male	101	94.2
Age		
40 and less	3	02.8
41-45	22	20.6
46-55	62	58.0
56-60	17	15.8
61 and over	3	02.8
Ethnicity		
White	80	74.8
African American	27	25.2
Educational Level		
Doctoral	40	37.4
M.S.	45	42.0
Ed.S	22	20.6
Location of District		
East	19	17.7
Central	26	24.3
North	30	28.0
Delta	15	14.2
South/Southwest	10	09.3
Gulf Coast	7	06.5
Years of Experience		
1-5 years	70	65.4
6-10 years	24	22.4
11-15 years	13	12.2

measured by the SPATA. There was no significant difference when comparing theattitude of superintendents by age (F (2, 102) = .02, $p > .05$). The null hypothesis was accepted. (see Table 5).

H_1 stated there will be no significant difference in the attitude of

superintendents toward persons with AIDS in Mississippi public school districts relative to ethnicity as

Table 4

Analysis of Variance of Mean Scores for Attitude Toward Persons with AIDS by Gender

Source	Sum of Squares	d.f.	Mean Square	F
Between groups	000.25	1	000.25	.00
Within groups	34529.64	105	328.85	
Total		106		

Table 5

Analysis of Variance of Mean Scores for Attitude Toward Persons with AIDS by Age

Source	Sum of Squares	d.f.	Mean Square	F
Between groups	0276.55	4	069.13	.02
Within groups	323792.95	102	3174.44	
Total		106		

measured by the SPAIA. There was no significant difference when comparing theattitude of superintendents by ethnicity (F (1, 105) = 3.16, p>.05). The null hypothesis was accepted. (see Table 6).

Table 6

Analysis of Variance of Mean Scores for Attitude Toward Persons with AIDS by Ethnicity

Source	Sum of Squares	d.f.	Mean Square	F
Between groups	00918.33	1	00918.33	3.16
Within groups	30476.17	105	290.24	
Total		106		

H_{04} stated there will be no significant difference in the attitude of superintendents toward persons with AIDS in Mississippi public school districts relative to educational level as measured by the SPATA. There was no significant difference when comparing the attitude of superintendents by educational level (F (2, 104) = 2.60, $p>.05$). The null hypothesis was accepted. (see Table 7).

Table 7

Analysis of Variance of Mean Scores for Attitude Toward Persons with AIDS by Educational Level

Source	Sum of Squares	d.f.	Mean Square	F
Between groups	1788.60	2	894.30	2.60
Within groups	35678.50	104	343.06	
Total		106		

H_{05} stated there will be no significant difference in the attitude of

superintendents toward persons with AIDS in Mississippi public school districts relative to geographic location of school district as measured by the SPATA. There was no significant difference when comparing the attitude of superintendents by geographic location of school district (F (5, 101) = .60, p>.05). The null hypothesis was accepted. (see Table 8).

Table 8

Analysis of Variance of Mean Scores for Attitude Toward

Persons with AIDS by Geographic Location of School District

Source	Sum of Squares	d.f.	Mean Square	F
Between groups	972.48	5	194.50	0.603
Within groups	32548.64	101	322.26	
Total		106		

H_6 stated there will be no significant difference in the attitude of superintendents toward persons with AIDS in Mississippi public school districts relative to years of experience as measured by the SPATA. There was no significant difference when comparing the attitude of superintendents by years of experience (F (21, 104) = 1.92, p>.05). The null hypothesis was accepted. (see Table 9).

Four research questions were addressed in the study. They are presented in sequential order. The first research question asked if superintendents had taken part in any professional workshops on AIDS. Thirty six percent of the respondents answered

Table 9

Analysis of Variance of Mean Scores for Attitude Toward Person with AIDS by Years of Experience

Source	Sum of Squares	d.f.	Mean Square	F
Between groups	10119.52	21	481.88	1.92
Within groups	26108.32	104	251.04	
Total		106		

"yes" and 66.4% answered "no". As indicated, 68% of the males and 33% of the females did not participate in AIDS workshops. In general, regardless of age, ethnicity, educational level, location of school district and years of experience, superintendents did not participate in AIDS workshops. Responses to this research question are described in Table 10.

The second research question asked if school districts in Mississippi had established AIDS education programs. Twenty or 18.7% of the respondents answered "yes" and 81.3% answered "no". As indicated, 81% of the males and 83% of the females did not have AIDS education programs. In general, regardless of age, ethnicity, educational level, location of school district and years of experience most superintendents did not have AIDS education programs in their districts. Responses to this research question are described in Table 11.

The third research question asked if school districts had an AIDS policy currently in effect. Eighteen or 16.8% of the respondents answered "yes" and 83.2% answered "no". As indicated, 83% of the males and 83% of the females did not have

AIDS policy in effect in their school district. In general, regardless of age, ethnicity,

Table 10

Responses to Superintendent Participation in AIDS Workshops by Demographic Characteristics

	Yes	Percent(%)	No	Percent(%)
Gender				
Female	04	66.7	02	33.3
Male	32	31.7	69	68.3
Age				
40 and less	03	100.0	00	00.0
41-45	15	68.2	07	31.8
46-55	10	16.1	12	83.9
56-60	08	47.0	09	53.0
Ethnicity				
White	14	17.5	66	82.5
African American	22	81.5	05	18.5
Educational Level				
Doctoral	06	15.0	32	85.0
M.S.	18	40.0	27	60.0
Ed.S	12	54.5	10	45.5
Location of District				
East	02	10.5	17	89.5
Central	08	30.7	18	69.3
North	12	40.0	18	60.0
Delta	05	33.3	10	66.7
South Southwest	05	50.0	05	50.0
Gulf Coast	04	57.2	03	42.8
Years of Experience				
1-5 years	19	27.1	51	72.9
6-10 years	10	41.6	14	58.4
11-15 years	07	53.8	06	46.2

educational level, location of school district and years of experience most superintendents did not have AIDS policy in their districts. Responses to this research question are described in Table 12.

Table 11

Responses to School Districts Having AIDS Education Programs by Demographic Characteristics

	Yes	Percent (%)	No	Percent(%)
Gender				
Female	01	16.7	05	83.3
Male	19	18.9	82	81.1
Age				
40 and less	02	66.7	01	33.3
41-45	07	31.8	15	68.2
46-55	08	12.9	54	68.2
56-60	03	17.6	14	87.1
Ethnicity				
White	06	07.5	74	92.5
African American	14	51.8	13	48.2
Educational Level				
Doctoral	05	12.5	35	87.5
Ed.S	10	45.4	12	54.6
M.S.	05	11.1	40	88.9
Location of District				
East	02	10.5	17	89.5
Central	11	42.3	15	57.7
North	04	13.3	26	86.7
Delta	03	20.0	12	80.0
Years of Experience				
1-5 years	13	18.6	57	81.4
6-10 years	04	16.6	20	83.4
11-15 years	03	23.1	10	76.9

The fourth research question asked if superintendents encountered persons with HIV or AIDS related conditions in their respective districts. One percent of the respondents answered "yes" and 98.1% answered "no". As indicated, 83% of the

Table 12

Responses to School Districts Having AIDS Policy in Effect by Demographic Characteristics

	Yes	Percent (%)	No	Percent(%)
Gender				
Female	01	16.7	05	83.3
Male	17	16.8	84	83.2
Age				
40 and less	02	66.7	01	33.3
41-45	12	54.5	10	45.5
46-55	02	03.2	60	96.8
56-60	02	11.7	15	88.3
Ethnicity				
White	02	02.5	78	97.5
African American	16	59.2	11	40.8
Educational Level				
Doctoral	07	17.5	33	82.5
Ed.S	02	09.0	20	91.0
M.S.	09	20.0	36	80.0
Location of District				
East	02	10.5	17	89.5
Central	06	23.0	20	77.0
North	06	20.0	24	80.0
Delta	00	00.0	15	100.0
South/Southwest	02	20.0	8	80.0
Gulf Coast	02	28.2	5	71.5
Years of Experience				
1-5 years	14	20.0	56	80.0
6-10 years	04	16.7	20	83.3
11-15 years	00	00.0	13	100.0

males and 99% of the females have not encountered persons with HIV or AIDS in their school district. In general, regardless of age, ethnicity, educational level, location of school district and years of experience most superintendents have not encountered persons with HIV or AIDS in their districts. Responses to this question

are described in Table 13.

Table 13

Responses to Superintendents Having Encountered Persons with HIV or AIDS Related Conditions by Demographic Characteristics

	Yes	Percent (%)	No	Percent(%)
Gender				
Female	01	16.6	05	83.4
Male	01	01.0	100	99.0
Age				
40 and less	01	33.3	02	66.7
41-45	01	04.5	21	95.5
46-55	00	00.0	62	100
56-60	00	00.0	17	100
61 and over	00	00.0	03	100
Ethnicity				
White	01	01.3	79	98.7
African American	01	03.7	26	96.3
Educational Level				
Doctoral	01	02.5	39	97.5
Ed.S	01	04.5	21	95.5
M.S.	00	00.0	45	100
Location of District				
East	00	00.0	19	100
Central	02	07.7	24	92.3
North	00	00.0	30	100
Delta	00	00.0	15	100
South Southwest	00	00.0	10	100
Gulf Coast	00	00.0	07	100
Years of Experience				
1-5 years	02	02.9	68	97.1
6-10 years	00	00.0	24	100
11-15 years	00	00.0	13	100

CHAPTER V

Summary, Conclusions and Recommendations

The purpose of this study was to analyze and compare Mississippi's public school superintendents' attitudes towards persons with AIDS. The attitudes of superintendents were measured against the variables of gender, age, ethnicity, educational level, geographic location of school district and years of experience.

Summary

The population for this study consisted of 153 superintendents in Mississippi's public school districts. Superintendents were mailed a copy of the demographic questionnaire and the SPATA in a self-addressed stamped envelope during the spring of 1995. A follow-up letter was mailed three weeks later to superintendents who did not respond. A return rate of 70% was achieved.

A total of 107 superintendents responded to a survey instrument entitled, Superintendents' Attitudes Toward Persons with AIDS in Mississippi's Public School Districts. Part I of the survey requested demographic data and responses to the research questions included in the study. Part II consisted of thirty-three Likert-type attitudinal items identified as School Professionals' Attitude Toward AIDS (SPATA). There was a 70% return rate on the instrument. The Statistical Package for the Social Sciences (SPSS PC) statistical program was used to analyze the data. Analysis of variance was used to determine if a significant difference existed between and within

groups. The criteria for the rejection was set at the .05 level of significance.

Six null hypotheses and four research questions were posed and tested. In regard to the null hypotheses the major research findings revealed there was no significant difference in the attitude of superintendents toward persons with AIDS in Mississippi public school districts relative to gender, age, ethnicity, educational level, geographic location of school district and years of experience as measured by the SPATA. All of the hypotheses were accepted. In relation to the research questions, the majority of the superintendents did not have AIDS education programs or policies in their districts. Moreover, a large percent had not participated in professional workshops on AIDS or encountered a person with AIDS in their school district.

Discussion of Hypotheses

Six hypotheses were developed for this study. These hypotheses were tested utilizing the one way analysis of variance statistical procedure. Results of the analysis are discussed for each hypothesis posed.

The first hypothesis assumed that there would be no significant difference in the attitudes of superintendents toward persons with AIDS in Mississippi's public school districts relative to gender as measured by the SPATA. The null hypothesis was accepted.

The second hypothesis assumed that there would be no significant difference in the attitudes of superintendents toward persons with AIDS in Mississippi's public school districts relative to age as measured by the SPATA. The null hypothesis was accepted.

The third hypothesis assumed that there would be no significant difference in the attitudes of superintendents toward persons with AIDS in Mississippi's public school districts relative to ethnicity as measured by the SPATA. The null hypothesis was accepted.

The fourth hypothesis assumed that there would be no significant difference in the attitudes of superintendents toward persons with AIDS in Mississippi's public school districts relative to educational level as measured by the SPATA. The null hypothesis was accepted.

The fifth hypothesis assumed that there would be no significant difference in the attitudes of superintendents toward persons with AIDS in Mississippi's public school districts relative to geographic location of school district as measured by the SPATA. The null hypothesis was accepted.

The sixth hypothesis assumed that there would be no significant difference in the attitudes of superintendents toward persons with AIDS in Mississippi public school districts relative to years of experience as measured by the SPATA. The null hypothesis was accepted. A review of the hypotheses for this study and related data are presented in Table 14.

Discussion of Research Questions

The first research question asked if superintendents had taken part in any professional workshops on AIDS. Results in the study revealed that 36% respondents answered "yes" and 66.4% of the respondents answered "no".

The second research question asked if school districts in Mississippi had

Table 14

Analysis of Variance Summary of Demographic Variables

Hypotheses		F	p
H_{01}	Attitude by Gender	0.00	p>.05
H_{02}	Attitude by Age	0.02	p>.05
H_{03}	Attitude by Ethnicity	3.16	p>.05
H_{04}	Attitude by Educational Level	2.07	p>.05
H_{05}	Attitude by Geographic Location of District	0.60	p>.05
H_{06}	Attitude by Years of Experience	1.92	p>.05

established AIDS education programs. Eighteen percent of the respondents answered "yes" and the majority of the respondents (81.3%) answered "no".

The third research question asked if school districts had an AIDS policy currently in effect. Sixteen percent of the respondents answered "yes" and 83.2% answered "no".

The fourth research question asked if superintendents encountered persons with HIV or AIDS related conditions in their respective districts. Two percent of the respondents answered "yes" and 98.1% answered "no".

Conclusions

On the basis of the results of the data analysis compiled in the survey instrument the following conclusions have been derived:

1. There was no significant difference in the attitude of superintendents toward

persons with AIDS in Mississippi's public school districts relative to gender as measured by the SPATA.

2. There was no significant difference in the attitude of superintendents toward persons with AIDS in Mississippi's public school districts relative to age as measured by the SPATA.

3. There was no significant difference in the attitude of superintendents toward persons with AIDS in Mississippi's public school districts relative to ethnicity as measured by the SPATA.

4. There was no significant difference in the attitude of superintendents toward persons with AIDS in Mississippi's public school districts relative to educational level as measured by the SPATA.

5. There was no significant difference in the attitude of superintendents toward persons with AIDS in Mississippi's public school districts relative to geographic location of school district as measured by the SPATA.

6. There was no significant difference in the attitude of superintendents toward persons with AIDS in Mississippi's public school districts relative to years of experience as measured by the SPATA.

Recommendations

The following statements are based upon data from the study and therefore this study can benefit the building-level administrator, superintendent and state education agency in developing strategies and policies to address AIDS in the public school setting. They should also consider policy development, staff development, workshops,

seminars, and other strategies to address attitudes toward persons with AIDS in public schools. The researcher offers the following recommendations relative to AIDS in the public school setting based upon literature review and the data collected through the study:

1. School districts should adopt AIDS policy.
2. Superintendents should develop initiatives that will motivate students to change those behaviors that place them at risk for HIV infection.
3. Long-term and continuing AIDS education programs in all school districts should be researched and implemented.
4. Workshops and in-service training for school administrators on HIV and AIDS should be mandatory to facilitate the knowledge base and education required for a greater awareness of this societal problem.

The researcher makes the following recommendations for future research based upon the data and findings from this study:

1. A replication of this study should be carried out using building-level administrators where direct contact with persons with AIDS may occur more readily than with superintendents.
2. A similar study to this one should be carried out to determine statewide perceptions concerning attitudes toward persons with AIDS. Findings could be used to determine if school district and community concerns are similar.

3. A study of attitudes toward persons with AIDS among students in a school district who have students identified as having AIDS.

APPENDIX A

Survey Instrument

SUPERINTENDENTS' ATTITUDES TOWARD PERSONS WITH AIDS IN MISSISSIPPI'S PUBLIC SCHOOL DISTRICTS

DIRECTIONS:

This questionnaire is designed to ascertain your attitude regarding PERSONS WITH AIDS (PWAs) in the public school district you supervise. You are asked to place a check opposite your answer to each question in the space provided. DO NOT SIGN YOUR NAME. ALL RESPONSES WILL BE KEPT CONFIDENTIAL.

PART I

1. Gender ___ Male ___Female

2. Age
___ 40 and less
___ 41 to 45
___ 46 to 55
___ 56 to 60
___ 60 and over

3. Religious Affiliation
___ Catholic
___ Baptist
___ Methodist
___ Other _____
___ None

4. Ethnicity ___ White ___ African-American
___ Other _____

5. Highest degree held
___ Bachelors
___ Masters
___ Specialist
___ Doctorate
___ Other _____

6. How would you describe your district?
___ Urban ___ Suburban
___ Small city ___ Rural

7. In what part of Mississippi is your school district located?
___ East ___ Central
___ North ___ Delta
___ South/Southwest ___ Gulf Coast

8. How long have you been superintendent of schools in this district? ___ years

9. Have you taken part in any professional workshop on AIDS?
___ Yes (if so, how many?_____)
___ No

10. Does your district have an established AIDS education programs in the schools within the district?
___ Yes ___ No (if not, skip to question no. 13)

11. Is AIDS education provided as one time class or incorporated into the curriculum?
___ one time class ___ part of the curriculum

12. Is the curriculum or one time classes offered from K-12 or limited only to certain grade levels?
___ K-12 ___ certain levels (specify _____) ___not applicable

13. Does your school district have a school AIDS policy?
___ Yes ___ No (skip to question no. 16)

14. If you checked "yes" for no. 13, does our district's school policy differ from the school issued guidelines/policy for infectious diseases?
___ Yes ___ No

15. In your opinion, do you feel that your school district's AIDS policy is supported by the community?
___ Yes ___ No

16. Have you encountered a person with HIV AIDS related condition in the schools within your school district?
___ Yes ___ No

PART II
School Professionals' Attitudes Toward AIDS (SPATA)

DIRECTIONS: PART II contains various statements regarding persons with AIDS in public school setting. Please respond to these statements by placing a circle around the response category which best characterizes your opinion or attitude. Thank you for your cooperation.

Terminology:
AIDS (Acquired Immune Deficiency Syndrome) - A disease that attacks the immune system leaving it unable to defend the body against infections.

HIV (Human Immunodeficiency Virus) - The virus that causes AIDS.

High Risk Behaviors - Behaviors that put one at risk for contracting HIV, such as unprotected sex with someone who is infected with HIV.

Key: (1) SD = Strongly Disagree
(2) D = Disagree
(3) DN = Don't Know
(4) A = Agree
(5) SA = Strongly Agree

		SD	D	DN	A	SA
1	Children who live with an HIV positive person should not be allowed to attend public school.	1	2	3	4	5
2	A child who is HIV positive should be allowed to attend school.	1	2	3	4	5
3	Children who live with a person who has AIDS should NOT be allowed to attend public school.	1	2	3	4	5
4	Children who have AIDS should NOT be allowed to attend public school.	1	2	3	4	5
5	If it were up to me, I would allow a child with AIDS to remain in my school.	1	2	3	4	5
6	Administrators should be told if there is a student who has AIDS in their school.	1	2	3	4	5
7	Teachers should be told if there is a student who has AIDS in their classes.	1	2	3	4	5
8	Children should be told if there is a student who has AIDS in their class.	1	2	3	4	5
9	Parents should be told if there is a student who has AIDS in their child's class.	1	2	3	4	5
10	Teachers who have AIDS should NOT be allowed to remain in the classroom.	1	2	3	4	5
11	All teachers should be tested for AIDS.	1	2	3	4	5
12	If I had a student who had AIDS in my school, I would not treat him/her differently from other students.	1	2	3	4	5
13	If I had a student in my school who is at high risk, I would treat that person like I treat all my other students.	1	2	3	4	5
14	If there were a separate class for students with AIDS, I would be willing to have my teachers teach it.	1	2	3	4	5

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Key
(1) SD = Strongly Disagree
(2) D = Disagree
(3) DN = Don't Know
(4) A = Agree
(5) SA = Strongly Agree

		SD	D	DN	A	SA
15	If there were a separate class for students with AIDS, I would be willing to have my teachers teach it on an occasional basis	1	2	3	4	5
16	It would be my responsibility to alert parents to the fact that a particular student has HIV	1	2	3	4	5
17	It would be my responsibility to alert parents to the fact that a particular student has AIDS	1	2	3	4	5
18	AIDS students should be segregated for certain classroom activities	1	2	3	4	5
19	I feel that AIDS is a punishment for sin	1	2	3	4	5
20	If I contracted AIDS, I would leave the education profession	1	2	3	4	5
21	I would be comfortable having a student with AIDS in my school	1	2	3	4	5
22	I would be comfortable having a person who is HIV positive in my school	1	2	3	4	5
23	I would be comfortable having a person who is at high risk in my school	1	2	3	4	5
24	Schools should conduct AIDS education programs in different grade levels from elementary through high school	1	2	3	4	5
25	AIDS education should begin at the elementary level	1	2	3	4	5
26	A discussion of condoms should be included in AIDS education in school	1	2	3	4	5
27	A classified/non-teacher school employee who has AIDS should NOT be allowed to work in public schools	1	2	3	4	5
28	A classified/non-teacher school employee who is HIV positive should be allowed to work in public schools	1	2	3	4	5
29	Individuals at high risk for AIDS should be allowed to work in public schools	1	2	3	4	5
30	All people with AIDS should be quarantined	1	2	3	4	5
31	I would feel comfortable speaking in public about AIDS	1	2	3	4	5
32	I would feel comfortable advocating for teaching about the use of condoms in preventing AIDS	1	2	3	4	5
33	I would feel comfortable advocating for teaching about alternate lifestyles such as homosexuality as they relate to AIDS	1	2	3	4	5

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APPENDIX B

Letter from Researcher

Mark A. Colomb
1102 Central Street
Jackson, Mississippi 39203-2920
(601) 353-2208

April 15, 1995

Dear Superintendent:

As a doctoral candidate in educational administration at Jackson State University, I am conducting a study to determine Mississippi's superintendents' attitudes toward Persons With AIDS in the public school setting. Before I begin my research, I would like to conduct a pilot study to determine validity and reliability.

I understand that AIDS is a delicate and sensitive issue to many individuals, but, nonetheless, a study of this nature is very much needed to assess the acceptability and prospects for success of the state wide efforts to combat the progress of the disease.

I would like to request that you take a few moments to fill out and return the enclosed questionnaire in the return envelope. It will take 8-15 minutes to complete it. No questionnaire contains any questions or markings to identify you as a respondent. The results will be tabulated and analyzed only in aggregate form, so that anonymity is assured.

Since these questionnaires are being sent out only to superintendents within the state of Mississippi, your individual response is highly important to the success of this undertaking. I therefore request that you please return the questionnaire by April 30, 1995. If you have any questions about this survey or want to have a copy of the results, please contact me at (601)353-2208.

Thank you for your cooperation.

Sincerely,

Mark A. Colomb

Research Consent

YOU MUST UNDERSTAND YOUR RIGHTS BEFORE YOU ANSWER ANY QUESTIONS.

1. It is your right to refuse to participate in this research study.

2. If you agree to participate in this study and respond to the questions on this questionnaire, you have the right to stop at any time. You also have the right to refuse to answer any questions that you feel are too private on the questionnaire. You may choose not to respond to the questions of your choice.

3. All answered questions and/or statements made on the questionnaire will be held in strict confidence. No information will be given will be used against you in any manner.

4. It is your right not to put your name or nay other identifiable information on the questionnaire. All data collected will be used for research purposes only. The participants's school district's identity will be used in this research.

In order for data to be considered valid, permission must be obtained from those furnishing the data. Therefore, I am requesting that you complete the attached consent form and return it under separate cover (self-addressed, stamped envelope provided). This is the only time during the course of data collection your identity will be required.

I appreciate the time you take to complete this Consent Form. I also thank you for expediently completing and returning the questionnaire in a separate self-addressed, stamped envelope that is included.

Sincerely,

Mark A. Colomb

Research Consent Form

I,_____, have been informed of my rights regarding my participation in this research study and my right to refuse to consent to such participation. I have read all statements and do fully understand my rights. I voluntarily agree to answer questions and/or make statements on the questionnaire. I further understand that all data is STRICTLY CONFIDENTIAL and will be used solely for the purpose of this research.

Signed:

_____

Date:_____

Witness:_____

Date:_____

Time:_____

APPENDIX C

Follow-up Letter from Researcher

Mark A. Colomb
1102 Central Street
Jackson, Mississippi 39203-2920
(601) 353-2208

May 4, 1995

Dear Superintendent:

On April 15, you were mailed a survey packet which include a questionnaire pertaining to superintendents' attitudes toward persons with AIDS in public schools setting. We realize that this is the end of the school year, and with a hectic schedule you may not have had an opportunity to complete the questionnaire. Therefore, Please find enclosed another questionnaire and a self-addressed and stamped envelope for your convenience. It should take 8-15 minutes to complete it. Would you kindly complete the questionnaire and mail it by May 15? Your thoughtfulness will be greatly appreciated.

As has been mentioned in the initial letter, I believe that the study is much needed to ascertain the acceptability and feasibility of the current school AIDS policy guidelines and also the prospects of our ongoing efforts to combat the spread of AIDS. The data that you can furnish by taking a few moments to complete the questionnaire are invaluable to the success of this project.

Thank you.

Mark A. Colomb

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APPENDIX D

Correspondence

Department of Health Education

March 6, 1995

Mr. Mark Coulomb
1102 Central St.
Jackson, MS 39203-2920

Dear Mr. Coulom:

I am very happy to learn from our phone conversation that you are planning to conduct a an HIV/AIDS related attitudinal study in Alabama. Assuming that your study will address similar research questions that my study did, I am excited about the possibility of a comparison of results and maybe collaborate on a comparison study and publication.

It is also my pleasure to inform you that you have my full permission to use **the School Professionals' Attitude Toward AIDS** instrument that I developed and employed in my own study.

If I can be of any further assistance to you please do not hesitate to let me know.

Sincerely,

Tun K. Nyein Ph. D.
Assistant Professor
Department of Health Education
North Carolina Central University

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601/960-7400
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F.E. Thompson, Jr., MD, MPH
State Health Officer

December 29, 1994

PWAs in Schools 68

Dr. Tun Kyaw Nyein
288 Summerwalk Circle
Chapel Hill, NC 27514

Dear Dr. Nyein:

I am in the process of completing requirements for a Doctor of Philosophy Degree in Educational Administration in the Department of Educational Foundations and Leadership at Jackson State University in Jackson, Mississippi. However, the success of my completion depends upon the research project presented as my doctoral dissertation.

I have researched many ideas and possible topics on Superintendents and AIDS. Just as I was about to develop a KAB instrument, I discovered your doctoral dissertation (Tennesse Superintendents' Attitude Toward Persons with AIDS in the Public School Setting) and knew instantly that perhaps I would not have to develop an instrument. Although the scope of my study will be very similar, I find your study of great fascination and would like nothing better than to share results with you and/or to publish comparisons from Tennessee and Mississippi. Would you please grant me permission to utilize the instrument you developed ?

As an HIV/AIDS Education Specialist at the Mississippi State Department of Health, I am aware of the need of additional literature on School Superintendents and AIDS. These concepts confront me in my role as a Public Health Official and in assisting children with HIV and AIDS to receive equal opportunity for education.

Please forward me a copy of any additional research you have conducted on this topic and/or any ideas for publication of comparisons you may have. Thank you in advance for your kind consideration with my academic endeavors. I eagerly await your response.

Respectfully,

Mark A. Colomb
Ph.D. Candidate

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Bibliography

American Hospital Association (1986). Facts About AIDS. Chicago, Illinois: Author.

Applebaum, R.P. & Chambliss, W.J. (1995). Sociology. New York: Harper Collins College Publishers.

California State Legislature (1989). The black family: Are our youth at risk? Sacramento, CA: Joint Publications Office.

Centers for Disease Control (CDC), Center for Health Promotion and Education, U.S. Department of Health and Human Services, Public Health Service (1988). Guidelines for effective school health education to prevent the spread of AIDS. Atlanta, GA: U.S. Department of Health and Human Services.

Centers for Disease Control (CDC) (1989, June). Prospects and Pitfalls of Vaccination Against HIV. Paper presented at the Fifth Internation Conference on AIDS, Montreal, Canada.

Collins, J.L. & Britton, P.O. (1990). Training educators in HIV prevention: An inservice manual. Santa Cruz, CA: ETR Network Publications.

Colomb, M. (1992). AIDS: Knowledge, attitude and sexual behavior among ethnic minorities in Mississippi. Unpublished master's thesis. Jackson

Cronbach, L.J. (1951). Coefficient alpha and the internal structure of tests. PSYCHOMETRIKA, 16, 297-334.

Crowell, B. (1989, March). Development of a policy on HIV infection. Paper presented at the annual meeting of the American Association of School Administrators, Orlando, FL.

Crowson, R.L. (1987). The local school district superintendency: A puzzling administrative role. Educational Administration Quarterly, 23, 49-69.

Cuban, L. (1984). Transforming the frog into a prince: Effective schools research, policy and practice at the district level. Harvard Educational Review, 54(2), 129-151.

Jackson, P. & Goldman, C. (1986). AIDS: Caring for your patient at home. The Canadian Nurse, 18-22.

Keough, K.E. & Seaton, G. (1988). Superintendents' views on AIDS: A national survey. Phi Delta Kappan, 69(5), 358-361.

Kowalski, T.J. & Reitzug, U.C. (1994). Contemporary school administration: An introduction. New York: Longman Publishing Company.

Majer, L.S. (1992). HIV-infected students in school: Who really needs to know? Journal of School Health, 62, 243-245.

Miller, L. & Becker-Dunn, E. (1993). HIV at school: As a school board member, you're responsible for meeting the needs of children who are affected

by HIV. American School Board Journal, 180, 42-45.

Mississippi Morbidity Report (1995). Mississippi Provisional Morbidity Reports. (ISSN 07452535). Jackson, MS: Mississippi State Department of Health.

Mitchell, D.E. (1988). Principal's commitment: A key to success. Health Education, Oct/Nov: 34-35.

Norusis, M. (1991). SPSS/PC+ Studentware Plus. Chicago, Illinois: SPSS Incorporated.

Nyein,T.K. (1989). Tennessee superintendents' attitude toward persons with AIDS in the public school setting. Dissertation Abstracts International, 51(03), 749. (University Microfilms No. AAC-9021041)

Osburn, J. E. (1986). AIDS, social sciences, and health education: A personal perspective. Health Education Quarterly, 13(4),287-289.

Popham, J.W. (1993). Wanted: AIDS education that works. Phi Delta Kappan, 559-562.

Price, J. (1986). AIDS, the schools, and policy issues. Journal of School Health, 56(4), 137-140.

Public Health Reports (1988). Report of the second public health services AIDS prevention control conference. Journal of the U.S. Public Health Service 103 (S-1).

Reed, S. (1988). KAPPAN special report-children with AIDS: How schools are handling the crisis. Phi Delta Kappan, 69, K1-K12.

Ross, H.S. & Mico, P.R. (1980). Theory and Practice in Health Education. Palo Alto, CA: Mayfield Publishing.

Shilts, R. (1987). And the band played on: Politics and the AIDS epidemic. New York, New York: St. Martin's Press.

Strouse, J.H. (1990). School district AIDS policies. Urban Education, 25, 81-88.

United States Department of Health and Human Services (U.S. DHHS)(1986). Surgeon General's Report on Acquired Immune Deficiency Syndrome. Washington, DC: U.S. Governement Printing Office.

Vita

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Degree and date to be conferred:	Ph.D.; August, 1995
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Secondary Education:	Holy Rosary Institute Lafayette, Louisiana
Post-Secondary Education:	Northwestern State University Natchitoches, Louisiana Major: Sociology Bachelor of Arts Degree-1989 Jackson State University Jackson, MS Major: Sociology Master of Arts Degree- 1992

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Positions Held:

1992-Present	Director, Education and Prevention Branch Division of STD/HIV Mississippi State Department of Health Jackson, MS
1995	Evaluation Consultant, Office of Program Evaluation Jackson Public School District Jackson, MS
1990-Present	Instructor Trainer/Consultant, HIV/AIDS Program Central MS Chapter of the American Red Cross Jackson, MS
1992-93	Instructor/Counselor, Upward Bound/Trio Program Tougaloo College Tougaloo, MS
1988-91	Research Assistant, Jackson State University Department of Sociology Interdisciplinary Alcohol/Drug Studies Department Jackson, MS
1988-92	Director, Substance Abuse and AIDS Project New Hope Foundation, Inc. Alcohol/Drug Rehabilitation Program Jackson, MS